

**CLAIMS ONLY**

**Application Number**

16190707

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						

\* May be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						

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